

# HARBOR PLACE

on the Merrimack

## AFFORDABLE RENTAL HOUSING OPPORTUNITY SELECTION BY LOTTERY - 1, 2 & 3 BEDROOM APARTMENTS



44 Merrimack Street, Haverhill, MA 01830 | 781.794.1000 (TTY 711) | [LiveHarborPlace.com](http://LiveHarborPlace.com)

### Info Session:

Tuesday, 8/30/16  
4 & 6 P.M.

### Lottery Drawing

Wednesday, 10/19/16  
11 A.M.

Both events held at  
**Haverhill Public Library**  
99 Main Street

### Mail Completed

### Application To:

Peabody Properties, Inc.,  
c/o HP Lottery  
536 Granite Street  
Braintree, MA 02184 or email to  
[harborplace@peabodyproperties.com](mailto:harborplace@peabodyproperties.com);  
or fax: 781.794.1001

### Deadline:

Postmarked by 10/4/16

Discover Harbor Place on the Merrimack. Live – Work – Dine – Entertain.... all in one place! This scenic riverfront location offers a mix of one, two and three bedrooms - 56 workforce and 24 market rate apartment homes with underground parking and private balconies available on select apartments. A mixed-use community, Harbor Place is a vibrant addition to Haverhill's downtown waterfront. First floor commercial and retail space, a satellite campus for UMASS Lowell, new boardwalk, pedestrian pathways and public plaza round out the community's transformation. Designed to make the most of the neighborhood, Harbor Place provides residents with transportation options that include rail, bus and, easy highway access. Gaze out onto the horizon – enjoy eye-catching sunrises and sunsets– entertain friends – meet new neighbors – all in one place.... at Harbor Place!

### Affordable Program Guidelines, Rents & Income Limits\*

Type	# of Units	Rents*	% Income	# HH	30% AMI	60% AMI	80% AMI	110% AMI
1BR	1	\$1258	110%	1	\$17,700	\$35,340	\$46,000	\$64,790
1BR	1	\$1176	80%	2	\$20,200	\$40,380	\$52,600	\$74,030
1BR	12	\$946	60%	3	\$22,750	\$45,420	\$59,150	\$83,270
1BR	1	\$473	30%	4	\$25,250	\$50,460	\$65,700	\$92,510
1BR	2	**	30% MRVP	5	\$28,440	\$54,540	\$71,000	\$99,990
2BR	2	\$1575	110%	6	\$32,580	\$58,560	\$76,250	\$105,600
2BR	1	\$1406	80%					
2BR	27	\$1135	60%					
2BR	1	\$568	30%					
2BR	2	**	30% MRVP					
3BR	1	\$1840	110%					
3BR	3	\$1312	60%					
3BR	2	**	30% MRVP					

### Heat & Hot Water Included In Rent

\*\* MRVP rent determined by CTI

AMI = Area Median Income, as of 3/28/16

### Application Pick-Up Locations (available beginning 8/8/16):

- Haverhill City Hall, 4 Summer St., Community Development Office, 3rd floor (#309)
- Haverhill Housing Authority, 25 Washington Square # C
- The Hayes at Railroad Square, 14 Granite St., Haverhill

or online [LiveHarborPlace.com](http://LiveHarborPlace.com); or by phone 781.794.1000 (TTY 711)



\*Median income levels, rents & utility allowances are subject to change based on HUD guidelines (HUD.gov). Please inquire in advance for reasonable accommodation. Information contained herein subject to change without notice.

P:\Marketing Main\Communities\Harbor Place\Flyer (08.05.16)

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

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Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវបានការបកប្រែ**

**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងផង។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone: 781-794-1000

#### RIGHT TO REASONABLE ACCOMMODATION

Peabody Properties, Inc. will consider a reasonable accommodation, upon request for qualified people with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

#### FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

Peabody Properties, Inc. does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.

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## Limited English Proficiency (LEP) Services

For sites subject to Executive Order 13166, HUD's guidance requires that property owner's translate all vital documents into the foreign languages that are prevalent in that property owner's community.

Agent/Management shall determine, as part of its obligation, to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Tenant Selection Plan.

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English can be Limited English Proficient, or "LEP," are entitled to language assistance with respect to a particular type of service, benefit, or encounter.

## The below notice is included as part of all Letters and Notices:

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Telephone: 781-794-1000

## Harbor Place on the Merrimack - Preliminary RENTAL Application Instructions

### **Please read this notice in full before completing in your application.**

Additional information and applications are available by calling Peabody Properties at 781.794.1000

Fax: 781-794-1001 or EMAIL: [harborplace@peabodyproperties.com](mailto:harborplace@peabodyproperties.com)

For TTY/TTD Assistance, please dial Mass relay 711

### **Eligibility Criteria**

1. Your total household income and assets must be within the required limits:
  - Include as income: income of all household members 18 years of age and older, include gross income from employment, including overtime, bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc..
  - Include as assets: the current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include automobile(s) and other personal property.)
2. Divestment of assets within one year of application for less than full value and fair cash value will be counted for imputation of income at full and fair value.
3. If claiming a Local Preference your Application must include verification of the Preference
4. Your household size and composition must be appropriate for the unit size
5. You must be credit-worthy, have sufficient income to afford the rent. Generally, you should be paying no more than 40 percent of your gross income to rent or assets equal to at least two years of rent
6. You have not committed any fraud in connection with any federal or state housing assistance program, and not owe rent or other amounts in connection with housing assistance.
7. You intend to reside in the development as your primary residence
8. Note: Individuals with a financial interest in the development and their families are not eligible to apply.

### **Application Process**

You must fill out the application **completely** and **return postmarked no later than Oct. 4, 2016** to Peabody Properties.

Mail completed application to: Peabody Properties – HP Lottery – 536 Granite Street, Braintree, MA 02184

Fax completed application to: HP Lottery – 781-794-1001 or;

Email completed application to: [harborplace@peabodyproperties.com](mailto:harborplace@peabodyproperties.com)

### **PLEASE NOTE: If unsigned or incomplete, your Preliminary Application will be rejected.**

1. Information provided on this Application will be treated as confidential.
2. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. Your household can file only one application, and no household member can appear on more than one application.
4. Preliminary Applications will be reviewed as quickly as possible. You will be notified by mail of receipt of your application, your application number, and your eligibility for the rental housing lottery.
5. The lottery consists of a blind selection, from a container, of coupons bearing applicant identification numbers. The order in which your coupon is drawn, plus your preference category, if any, determines your ranking for a particular unit type.
6. Priority for the accessible units will be for families which require physical accommodations.
7. If your Lottery Rank Application indicates that you have a high likelihood of being offered a unit, you will be required to attend an interview and complete a Rental application.
8. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
9. The Lottery will be held on **October 19, 2016 at 11 AM. at the Haverhill Public Library**. All applicants are encouraged, but not required to attend the Lottery drawing.
10. For more information, please call 781-794-1000.

It is unlawful to discriminate against any person because of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, and receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law.



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## Preliminary Application

### AFFORDABLE RENTAL

Please see Application Instruction sheet

FOR INCLUSION IN THE LOTTERY COMPLETED  
APPLICATION MUST BE POSTMARKED NO  
LATER THAN October 4, 2016

Application may be mailed/faxed or emailed to:  
Peabody Properties – HP Lottery  
536 Granite Street – Braintree, MA 02184  
FAX: 781-794-1001  
EMAIL: HarborPlace@PeabodyProperties.com

Management use only:

Date/Time Rcd \_\_\_\_\_

Application # \_\_\_\_\_

Applying for : 1 BR ☐ 2 BR ☐ 3 BR ☐

Applying for Accessible Unit: ☐

If you or a member of your household need or prefer a unit with special design features, please check appropriate box:

Mobility ☐ Vision ☐ Hearing ☐ Other ☐ Please specify \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address:(if different) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email \_\_\_\_\_

**Income Verification** (including investment income. Income must be reported for all household members over 18.) Total gross income: Includes income from all sources such as employment, investments, social security, child support and alimony, etc.

	Household Members	Relationship	Date of Birth	Gross Annual Income	Source of Income	Value of Assets	Full Time Student Yes / No
1	Self						
2							
3							
4							
5							
6							

**HOME OWNERSHIP:** Do you currently own your own home?

Yes ☐ No ☐

**RENTAL ASSISTANCE:** Do you have any rental assistance i.e. Section 8 Mobile Voucher, MRVP (Mass Rental Voucher Program)

Yes ☐ No ☐

#### PREFERENCE

1. Are you seeking preference as a current resident of the City of Haverhill?

If yes, attach proof of residency (lease, utility bill, car registration, etc).

2. Are you seeking preference as a Municipal Employees of the City of Haverhill, such as teachers, janitors, firefighters, police officers, librarians, or town hall employees? If yes, attach proof of employment (pay stubs, letter from employer, etc).

3. Are you seeking preference as a current employee of a local business located in the City of Haverhill?

If yes, attach proof of employment (pay stubs, letter from employer, etc).

4. Are you seeking preference as an applicant who has been hired to work in the City of Haverhill?

If yes, attach proof of employment offer (letter from employer, Bona Fide Offer Letter etc.)

5. Are you seeking preference as a current household with children enrolled in the City of Haverhill school system?

If yes, attach proof of student status (letter from school, etc.)

#### PLEASE CHECK APPLICABLE BOX

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

#### EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

#### RACE OR NATIONAL ORIGIN (Your response to this section is voluntary)

☐ Not - Hispanic / Latino

☐ Native American or Alaskan Native

☐ Black / African American

☐ Asian

☐ White / Non-Minority

☐ Hispanic / Latino

☐ Native Hawaiian or Pacific Islander

☐ Other

I understand and grant permission for all of the above information to be verified by the owner / agent. I further understand and grant permission to authorize a credit bureau service to make any consumer report and investigative consumer report, whereby information is obtained through public records, personal or telephonic interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry may include information as to my character, credit worthiness, credit standing, and credit capacity. I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

#### Please Read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.

2. I understand that this application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the standard application process.

3. I understand that I may submit only one application per household and that duplicate household applications will disqualify my household.

Applicant's Signature

Date

Co-Applicant Signature

Date



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## DHCD Program Applicant - Conflict Of Interest Statement

Pursuant to DHCD "No Owner, developer or sponsor of a project assisted with DHCD funds (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) may occupy a DHCD assisted unit affordable housing unit in a project."

I \_\_\_\_\_ (Print Name) am applying for a unit in this development assisted with DHCD funds.

☐ I certify that I am not an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) OR

☐ I certify that I am an Owner, developer or sponsor of this project (or officer, employee, agent, or consultant of the owner, developer or sponsor) whether private, for profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer, developer or sponsor) but claim the following exemptions/ factors be considered:

- ☐ The exception would provide a significant cost benefit or an essential degree of expertise to the program or project which would otherwise not be available;
- ☐ I am a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity and the exception will permit me to receive generally the same interests or benefits as are being made available or provided to the group or class;
- ☐ I have withdrawn from functions or responsibilities or the decision making process with respect to the specific assisted activity in question;
- ☐ The interest or benefit was present before I was in a position as described in 24 CFR Part 92.356 (c);
- ☐ Undue hardship will result either to the participating jurisdiction or the applicant when weighed against the public interest served by avoiding the prohibited conflict; and
- ☐ Any other relevant considerations:

\_\_\_\_\_  
\_\_\_\_\_

Signature

Date



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## CBH Screening

In order to qualify for one of the Community Based Housing (CBH) units, an applicant must provide the Management Agent with a certificate from the Massachusetts Rehabilitation Commission (MRC) or its designee(s) which reliably establishes that a member of the applicant's household:

1. Has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency; **and**
2. Is institutionalized or is at risk of institutionalization in a nursing facility, hospital, or long term rehabilitation; **and**
3. Is **not** currently a client of DMH or DMR who is eligible for the Facilities Consolidation Fund.

A sample of the certification form that MRC or its designee(s) will use is attached. The Management Agent will provide a blank form to any potentially eligible applicant along with the contact list for MRC and other designees. The contact list is updated regularly and can be found on DHCD's web site at: <http://mass.gov/dhcd/components/housdev/want/CBH.htm>.



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## Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

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Applicant's Name: \_\_\_\_\_

☐ Yes ☐ No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

☐ Yes ☐ No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

☐ Yes ☐ No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

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I certify that the foregoing information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

